



newsletter

AIDS NETWORK OF EDMONTON

20 November 1986

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INTRODUCING ----

The Board of Directors is pleased to announce that BARRY BREAU has accepted the position of EXECUTIVE DIRECTOR with the Society. The selection process was conducted on a nation-wide scale and it was particularly gratifying that an Edmontonian proved to be the strongest candidate for the position. Barry is well-known to many in Edmonton because of his position as the national director of Dignity Canada and his work with the recent AIDS Vigil of Prayer.

AS IS

Definitely NOT to be missed is the Phoenix Theatre production of William Hoffman's play AS IS! The play opened on 14 November and runs until 7 December at the Kaasa Theatre in the Jubilee Auditorium. Reviews of the Phoenix Theatre production have been highly favorable. John Charles, writing in the Edmonton Sun (16 November), noted that the play was "terse and cunningly-paced" and that "director Bob Baker had made it one of his greatest triumphs."

The AIDS Network of Edmonton has contributed to the production with a lobby display and through its participation in three "Talkback Tuesdays" (18, 25 November, and 2 December). On these occasions, members of the audience are invited to remain behind and participate in an informal question and answer period with members of the cast and representatives of the Society.

Further information on the performances of the play may be obtained by telephoning the Phoenix Theatre at 429-4015.

thankyou :

COURT OF THE WILD ROSE - for financial contributions arising from the sale of flowers.
FLASHBACK - for continued financial support through the sale of every highball on
Wednesday nights

TO ALL THOSE WHO VOLUNTEER THEIR TIME FOR THE NETWORK!

AIDS UPDATE

CURRENT STATE OF KNOWLEDGE

The following article was prepared by : Dr. Colin L. Soskolne of the Department of Health Services Administration and Community Medicine at the University of Alberta for the November meeting of the Edmonton Inter-Agency Council on AIDS.

Revised projections for Canada anticipate in excess of 6,500 cases of AIDS by 1991. The first 5 years generated 614 cases; the next 5 years are projected to generate 6,000 more cases. Canada has the second largest number of cases of all countries in the developed world. In the U.S.A., by 1991 (after 5 more years of the epidemic) projections indicate that 270,000 Americans will have been diagnosed with AIDS. In 1991, AIDS is projected to kill 54,000 Americans. For every case of AIDS in the community there are up to 10 people with AIDS-related illnesses (ARC) and perhaps 100 people already infected. The total number of AIDS cases continues to double every approximately 13-15 months in the U.S.A. and every 12-13 months in Canada.

The proportion of cases contracted heterosexually is predicted to rise gradually. No country in the world appears free of the virus that can cause AIDS, now termed: HIV (human immunodeficiency virus). Perhaps one-third of those infected progress to develop ARC or AIDS, based on 5-years of observation to date.

The Canadian federal Government, in May, 1986, announced a \$39 million AIDS program including research, laboratory services, education and community support. \$3 million is available for research through the end of the 1986/87 fiscal period, and invited proposals were to have been submitted by the end of September, 1986. None have been successful from Edmonton. In July, 1986, the U.S. Government provided \$100 million for drug trials. The American Foundation for AIDS Research (National Chairman: Elizabeth Taylor) is offering grants for fellowships, in particular, to non-U.S. A. - based researchers.

The Paris meeting on AIDS (the 2nd International AIDS meeting) provided little hope for the treatment of AIDS or a vaccine in the next few years. For the first time, the problem of AIDS was recognized as being substantial in Africa. More recently, AZT trials show promise for drug therapy, but not for a cure. AZT is available in Canada; Dr. John Gill of Calgary (220-6032) is co-ordinating its use (by prescription) in Alberta for any AIDS patient with a previous bout of PCP.

Education continues to be stated as being the primary preventive strategy to limit the spread of HIV infection. In Edmonton, with only 10 cases through November 17, 1986, and a postulated low HIV prevalence, every opportunity must be taken to promote prevention.

As of November 17, 1986, total cases reported to Ottawa in Canada is 786, and from Alberta, 42.

● AND LOCALLY:

Of the ten individuals that have been diagnosed with AIDS in Edmonton, 3 are living, seven are deceased.

The AIDS NETWORK is in contact with several people with AIDS who have been diagnosed elsewhere.

Diagnosis/Treatment

Predictors of AIDS/ARC

Michael Helquist

With more than one million Americans and several million others around the world infected with HIV, researchers face one of the most pressing questions from the public. The question is simple: "Which individuals infected with HIV will go on to develop AIDS, ARC, or other disease symptoms?"

Ever since the appearance of AIDS, scientists have studied the natural history of the disease. They hope to determine, among other things, which early symptoms might indicate eventual development of ARC and AIDS. During the International Conference on AIDS in Paris, researchers reported on the possible role of herpes zoster viral infections and hairy leukoplakia as such indicators.

Herpes zoster is uncommon before the age of 50 years in people with healthy immune systems; it is characterized by inflammation and skin eruptions along certain spinal and cranial nerves. A. M. Friedman-Kein, MD, AIDS researcher in New York City, reviewed the medical records of 300 patients with Kaposi's sarcoma and found that 8% of them had prior bouts of zoster. That rate is seven-fold greater than historic controls of a similar age group. He also looked at 48 patients with zoster; 41 of them had known risk factors for AIDS, and 35 were AIDS antibody positive. Eight of this latter group developed AIDS from 1 to 28 months after their bouts of zoster. Friedman-Kein concluded, "In patients at risk for AIDS, the occurrence of zoster may be one sign that heralds the marked depression of cellular immunity associated with AIDS or ARC."

David Hardy, MD and his associates at UCLA School of Medicine conducted a similar review of the medical records of patients with HIV exposure risks and histories of zoster outbreaks. Of 27 such patients, all were HIV seropositive. Although 24 of them showed no previous symptoms or signs of immune deficiency, 13 developed AIDS at an average of 12.4 months after their zoster infection. Fourteen of the remaining 15 developed ARC at an average of 12.5 months after the zoster infection. Hardy interpreted this data to mean that bouts of zoster occurring in HIV seropositive, asymptomatic individuals "can be considered to be an early indicator of impending cellular immunodeficiency."

The ongoing studies of oral hairy leukoplakia were also presented at the Paris conference. This rare mouth fungus appears as raised white areas on the tongue that has a corrugated or "hairy" surface. The lesions do not rub off as do those associated with the common "hairy tongue" related to cigarette smoking. While the lesions are usually without symptoms, some patients have reported soreness at lesion sites.

Deborah Greenspan, MD and her colleagues at the University of California San Francisco found that 100 of 101 blood samples taken from immunosuppressed gay men with hairy leukoplakia contained HIV antibodies. Further analysis of the study data led Greenspan to estimate that the probability of developing AIDS for patients with hairy leukoplakia was 48% within 16 months and 83% within 30 months. She concluded that the mouth fungus is "highly predictive of the subsequent development of AIDS."

If an effective treatment or even a stop-gap therapy becomes available for those with AIDS, ARC, or HIV infections, researchers will struggle to determine at what point an individual can most benefit from the intervention. These and other studies of "predictive" signs and symptoms will contribute importantly to that knowledge.

Michael Helquist is the editor of *FOCUS*.

The ROSS ARMSTRONG Memorial Fund

On the 1st of July 1986, the Ross Armstrong Memorial Fund was established in honour of Ross. The AIDS NETWORK felt it important to remember Ross in a way that would reflect something of his desire to help other people whose lives have been touched by AIDS or ARC.

To this end, the Fund uses monies donated or raised directly to assist persons with AIDS or ARC who are experiencing financial hardship.

The fund is administered by an independent panel appointed by the AIDS NETWORK Board of Directors.

If you would like more information on the Ross Armstrong Memorial Fund or if you would like to make an application for an award, contact the AIDS NETWORK at the Ross Armstrong Office.

TURNING POINTS FOR HEALTH

If you missed the first three of the NETWORK'S series of evenings designed to help you participate in your own health and total well-being, do not despair! You still have a chance to take part in these interesting and valuable sessions. Each evening will conclude with an informal social hour at which refreshments will be provided. There is no charge for this series.

PLEASE NOTE: The November 25 date had been previously scheduled to take place on November 20th.

NOVEMBER

25

FITNESS AND RELAXATION

An evening of ideas and options to promote your own health and well being. An opportunity to "get control" and feel in control of your body. We will explore fitness, lifestyle, stress management, relaxation and positive visualization. The session will be very practical and allow for questions and discussions. Come dressed in comfortable clothing for light activity.

RESOURCE PERSON: KATHY MARVIN is an Alberta Fitness Leadership Certification Trainer.

DECEMBER

2

AN AIDS UPDATE

The AIDS crisis in North America is seven years old; in Edmonton AIDS is two years old. Come and hear the latest ... Kaposi's Sarcoma, AZT - a control? ... and other new information.

RESOURCE PERSON: BARBARA ROMANOWSKI, M.D., F.R.C.P., Director of the Provincial Sexually Transmitted Diseases Clinics.

7:30
p.m.

PLACE:

Ross Armstrong Office of the AIDS NETWORK
10233 - 98 Street, Edmonton, Alberta
PHONE: 424-4767

Canadian AIDS CONFERENCE

Members from AIDS groups across Canada met in Toronto on November 14-16 for the Canadian AIDS Conference. More than 250 people met at the University of Toronto campus for a variety of lectures and workshops dealing with AIDS-related issues. Of particular interest was the keynote address given by Dr. Allan M. Brandt ("No Magic Bullet: AIDS Historical Perspective") and the plenary address given by Dr. Catharine Hankins ("AIDS in Canada: The Public Health Response").

The concurrent sessions presented workshops by members of regional AIDS groups. Topics including funding, government relations, training of volunteers, housing alternatives for PWA's and safe sex guidelines. Ten people from the AIDS NETWORK of Edmonton attended the conference, of which four took part in the presentation of workshops.

All who attended from Edmonton felt that the conference created valuable channels for future communication between regional AIDS groups. In addition, the conference generated much favorable media response.



— AIDS NETWORK OF EDMONTON —

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Office Hours:

Monday and Tuesday - 10:00 a.m. to 6:00 p.m.
Wednesday to Friday - 10:00 a.m. to 9:00 p.m.